

## REQUEST FOR PRIVILEGES AT AN ADDITIONAL PHSA SITE

Name:	College ID #:	MSP Billing #:
Primary Phone:	Email:	

CURRENT APPOINTMENT	
Site:	Medical Staff Category:
Primary Department:	Division / Program:

ADDITIONAL APPOINTMENT REQUESTED	
<i>This form is only to be used within the Provincial Health Services Authority by <b>current</b> PHSA Medical Staff. Additional information may be required. The initial Appointment of all applicants will be to the Provisional category, unless specifically exempted from that requirement by the Board. Please refer to Article 6 of the Medical Staff Bylaws regarding terms of your appropriate staff category and eligibility for promotion from Provisional.</i>	
Additional PHSA Site:	Medical Staff Category Requested:
Department:	Division / Program:
Start Date:	End Date <i>(if applicable):</i>

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

APPROVAL				
Please provide a brief explanation in support of the request.				
Local NP Department Head	_____	_____	_____	_____
	Agency	Leader Name	Signature	Date
PHSA NP Department Head	_____	_____	_____	_____
	Department	Leader Name	Signature	Date
Division Head / Program Director	_____	_____	_____	_____
	Division	Leader Name	Signature	Date
Department Head / Medical Director	_____	_____	_____	_____
	Department	Leader Name	Signature	Date
Senior Medical Administrator	_____	_____	_____	_____
	Agency	Leader Name	Signature	Date

**Return completed form to [credentialing@phsa.ca](mailto:credentialing@phsa.ca)**